

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

201
State File No. 363
Registered No. 363

1. PLACE OF BIRTH

County..... State.....
District or Township..... or Village.....
City..... No..... St..... Ward.....
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Full name of child Aurora Stilano { If child is not yet named, make supplemental report, as directed.

Sex of Child F To be answered ONLY in event of plural births. 4. Twin, triplet or other..... 6. Legitimate? Yes 7. Date of birth 7 30 29
Month Day Year

FATHER		MOTHER	
name	Full name <u>J Jesus Stilano</u>	Full maiden name <u>Ma Jesus Fernandez</u>	
Residence (Usual place of abode)	<u>Miami</u>	15. Residence (Usual place of abode)	<u>Miami</u>
non-resident	If non-resident, give place and state.	If non-resident, give place and state.	
Color or race	<u>Mex</u>	16. Color or race	<u>Mex</u>
11. Age at last birthday <u>27</u> (Years)		17. Age at last birthday <u>17</u> (Years)	
Birthplace (city or place)	<u>Mex</u>	18. Birthplace (city or place)	<u>Oriz</u>
(State or country)		(State or country)	
Occupation	<u>Laborer</u>	19. Occupation	<u>Sec</u>
Nature of industry		Nature of industry	

Number of children of this mother..... (a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....
21. Were precautions taken against go. thalnia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this child, who was alive at 10-30 P.m. on the date above stated.
(Born alive or stillborn.)

When there was no attending physician or midwife, then the father, householder, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature C. E. Perkins
(Physician or Midwife).

When name added from supplemental report..... Address.....
Month, day, year.....
Registrar.....

116-730-469